

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-23-2002 90014 007 ****70.00

DOCUMENT # N01000002839

1. Entity Name

EVANGEL WORSHIP CENTER ASSEMBLY OF GOD, INC.

Principal Place of Business

Mailing Address

2645 PEBBLE HILL RD
 MARIANNA FL 32448

2645 PEBBLE HILL RD
 MARIANNA FL 32448

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
 59-3602290

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETTIS, L. LAVON
 2645 PEBBLE HILL RD
 MARIANNA FL 32448

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** **D** ☐ Delete
 NAME **PETTIS, L. LAVON**
 STREET ADDRESS **2645 PEBBLE HILL RD**
 CITY-ST-ZIP **MARIANNA FL 32448**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** **T** ☐ Delete
 NAME **BOONE, HAYES JR**
 STREET ADDRESS **4854 DAVIS DR**
 CITY-ST-ZIP **MARIANNA FL 32448**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** **T** ☐ Delete
 NAME **WIGGINS, STEVEN A**
 STREET ADDRESS **2695 MINERAL RD**
 CITY-ST-ZIP **MARIANNA FL 32448**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** **T** ☐ Delete
 NAME **OWENS, GREG**
 STREET ADDRESS **2514 MASHBURN RD**
 CITY-ST-ZIP **MARIANNA FL 32448**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/02 (850)526-2232

Date

Daytime Phone #

CR2E037 (9/01)